

# TRUCKSAFE PTY LTD



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## TRUCKSAFE MEDICAL CLINIC REGISTRATION FORM

This form can be used to add your medical clinic to the TruckSafe website, to let TruckSafe members in your area know that your doctors are familiar with carrying out TruckSafe medicals.

Any doctor at your clinic can choose to conduct TruckSafe medicals as long as they use the TruckSafe medical forms. These forms are available for TruckSafe members only.

CLINIC NAME: \_\_\_\_\_

CLINIC ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_

Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_

Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_

Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_

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Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_

Once completed, return this form to TruckSafe at the address above.

For further information, please contact Kevin Walsh on:

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